

## 540NR

Your first name		Initial	Last name		Your social security number				Do Not Write In These Spaces
If joint return, spouse's first name		Initial	Last name		Spouse's social security number				P
									AC
Present home address — number and street including PO Box or rural route							Apt. no.		A
									R
City, town or post office					State	ZIP Code			RP

Form 540NR c1 1997 **Side 1**

## Step 6 Credits

28	Amount from Side 1, line 27	28	
31	Credit for joint custody head of household. See instructions	31	
32	Credit for dependent parent. See instructions	32	
33	Credit for senior head of household. See instructions	33	
36	Add line 31 through line 33. Multiply the total by the ratio on Side 1, line 25a	36	
37	Enter credit name code no. and amount	37	
38	Enter credit name code no. and amount	38	
39	Enter credit name code no. and amount	39	
40	To claim more than three credits, see instructions	40	
42	Add line 36 through line 40. These are your total credits	42	
43	Subtract line 42 from line 28. If less than zero, enter -0-	43	

## Step 7 Other Taxes

44	Alternative minimum tax. Attach Schedule P (540NR)	44	
45	Other taxes and credit recapture. See instructions	45	
46	Add line 43 through line 45. This is your total tax	46	

## Step 8 Payments

47	California income tax withheld. Enter total from your 1997 Form(s) W-2, W-2G, 1099-MISC, 1099-R, 592-B, 594 or 597. Also attach the Form(s) to Side 1	47	
48	1997 CA estimated tax and amount applied from your 1996 return. Include the amount from form FTB 3519 or Schedule K-1 (541) and K-1 (568)	48	
50	Did either you or your spouse receive more than \$31,767 in wages in 1997? Yes. See instructions No. Go to line 51	50	
51	Add line 47 through line 50. These are your total payments	51	

## Step 9 Overpaid Tax or Tax Due

52	Overpaid tax. If line 51 is more than line 46, subtract line 46 from line 51	52	
53	Amount of line 52 you want applied to your 1998 estimated tax	53	
54	Overpaid tax available this year. Subtract line 53 from line 52	54	
55	Tax due. If line 51 is less than line 46, subtract line 51 from line 46	55	

## Step 10 Contributions

56	Contribution to California Seniors Special Fund. See instructions	56	
You may make a contribution of \$1 or more to:			
57	Alzheimer's Disease/Related Disorders Fund	57	00
58	California Fund for Senior Citizens	58	00
59	Rare and Endangered Species Preservation Program	59	00
60	State Children's Trust Fund for the Prevention of Child Abuse	60	00
61	California Breast Cancer Research Fund	61	00
62	California Firefighters' Memorial Fund	62	00
63	California Public School Library Protection Fund	63	00
64	D.A.R.E. California (Drug Abuse Resistance Education) Fund	64	00
65	California Military Museum Fund	65	00
66	Add line 56 through line 65. These are your total contributions	66	

## Step 11 Refund or Amount You Owe

67	REFUND OR NO AMOUNT DUE. Subtract line 66 from line 54. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0000	67	\$	
68	AMOUNT YOU OWE. Add line 55 and line 66. Make a check/money order payable to "Franchise Tax Board" for the full amount. Write your social security number and "1997 Form 540NR" on it. Complete Form 540-V. Attach both to the front of your Form 540NR and mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001	68	\$	

## Step 12 Interest and Penalties

69	Interest, late return penalties and late payment penalties	69	
70	Underpayment of estimated tax. If form FTB 5805 or 5805F is attached, check here	70	
71	If you do not need California income tax forms mailed to you next year, check here	71	

## Sign Here

It is unlawful to forge a spouse's signature.

Important: You must attach a copy of your federal return to this return.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Your signature

X

Daytime phone number

( ) +

Spouse's signature (if filing joint, both must sign)

X

Date + +

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

Preparer's SSN/FEIN

Firm's name (or yours if self-employed)

Firm's address